

BUREAU OF PROFESSIONAL LICENSURE
IOWA DEPARTMENT OF PUBLIC HEALTH
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PETITION FOR WAIVER

This form may be used to seek a waiver or variance from an administrative rule adopted by one of the boards listed below. A waiver, if granted, may excuse the petitioner from the requirements of a rule in its entirety or in part, or may modify the requirements of a rule, for a period of time or permanently. The process for seeking a waiver from an administrative rule and the standards under which the petition will be evaluated are described in IAC 645 Chapter 18. Please keep in mind that the boards are not allowed to waive or alter a statutory duty or requirement.

The board has the authority to suspend in whole or in part the requirement or provisions of a rule as applied to a license on the basis of the particular circumstances of that person.

The burden of persuasion rests with the petitioner to demonstrate by clear and convincing evidence that the board should exercise its discretion to grant a waiver from board rule. **Please respond in the space provided to each of the items below. If additional space is needed, you may provide information on a separate piece of paper.**

Unless other arrangements have been made, the board will grant or deny a petition at the time of the next scheduled quarterly meeting. Items for consideration by the board are due in the board office two weeks prior to the scheduled meeting. The board meeting schedule is available on the board web site.

THE BOARD TO WHICH YOUR PETITION IS DIRECTED

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Barber | <input type="checkbox"/> Behavioral Science | <input type="checkbox"/> Sign Language Interpreter and Transliterater |
| <input checked="" type="checkbox"/> Chiropractic | <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Dietetic | |
| <input type="checkbox"/> Hearing Aid Specialist | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Mortuary Science | |
| <input type="checkbox"/> Nursing Home Adm. | <input type="checkbox"/> Optometry | <input type="checkbox"/> Physical & Occupational Therapy | |
| <input type="checkbox"/> Physician Assistants | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Psychology | |
| <input type="checkbox"/> Respiratory Care and Polysomnography | <input type="checkbox"/> Social Work | <input type="checkbox"/> Speech Pathology & Audiology | |

Where applicable and known the petitioner shall:

see attached response sheet

1. Cite the rule(s) from which the waiver is desired.
2. Explain why you feel the board should exercise its discretion and grant a waiver from its rules.
3. Identify the specific waiver being requested, and whether a waiver of the entire rule or only a portion of the rule is being sought.
4. State the specific period of time for which the waiver is being sought.

5. Provide the relevant facts that justify a waiver for each of the following:
 - a. The application of the rule would impose undue hardship on the person for whom the waiver is being requested.
 - b. The waiver from the requirements of the rule in the specific case would not prejudice the substantial legal rights of any person.
 - c. The provisions of the rule subject to the petition for a waiver are not specifically mandated by statute or another provision of law.
 - d. Substantially equal protection of public health, safety, and welfare will be afforded by a means other than that prescribed in the particular rule for which the waiver is requested.
6. Provide a history of any prior contacts between the board and the petitioner related to the waiver.
7. Provide any information known to the requester regarding the board's action in similar cases.
8. Provide the name, address, and telephone number of any public agency or political subdivision which also regulates the activity in question or which may be affected by the granting of the waiver.
9. Provide the name, address and telephone number of any person or entity that would be adversely affected by granting the waiver.
10. Provide the name, address, and telephone number of any person with knowledge of the relevant facts related to the proposed waiver.

I attest to the accuracy and truthfulness of the information contained within this petition. I authorize any persons with knowledge of the relevant facts relating to the requested waiver to release any information to the board to which this petition is directed.

And also to the responses on the attached sheet.

Signature

Dr. Cynthia Arp

Date

9/17/25

Name of Petitioner: <i>CYNTHIA Arp</i>	License number, if applicable: <i>A05670</i>
Address: <i>2205 Gaines St. Davenport, IA</i>	Daytime phone number: <i>563-322-2345</i>
Fax number, if applicable: <i>N/A</i>	E-mail address, if applicable: <i>dacaacc@aol.com</i>

Waiver Request Response Sheet

My contact information:

Dr. Cynthia Arp
1910 E. Kimberly Rd., Ste. 312
Davenport, IA 52807
563-322-2345

1. Cite the rule(s) from which the waiver is desired.

Response: 844.3(2) Regarding the requirement to complete continuing education hours in person.

2. Explain why you feel the board should exercise its discretion and grant a waiver from its rules.

Response: I have an autoimmune disease (Primary Billiary Cirrosis) that puts my life in jeopardy if I am exposed to and contract COVID-19. Also, while I am asking for a waiver for the requirement for in-person continuing education, I would still complete all of the required continuing education, and that waiver would create no hardship on anyone else and allow me to safely continue to practice.

3. Identify the specific waiver being requested and whether a waiver of the entire rule or only a portion of the rule is being sought.

Response: I am requesting a waiver for the "in-person" portion of the continuing education requirement of section 844.3(2) so that I could complete my continuing education requirement on-line. This would constitute a waiver of only a portion of the rule.

4. State the specific period of time for which the waiver is being sought.

Response: I have requested, and was granted a waiver, in the previous biennium. I have prepared to request the same waiver for the current biennium. However, since COVID-19 is not going away and my autoimmune disease cannot be cured and I am currently 67 years old, I believe it would be prudent to request a life-time waiver to allow me to complete all of my continuing education on-line in the future.

5. Provide the relevant facts that justify a waiver for each of the following:

A. The application of the rule would impose undue hardship on the person for whom the waiver is being requested.

Response: Application of the in-person continuing education rule would impose undue risk to my health and potentially my life. (See attached copy of biomedcentral.com study "Clinical outcomes of COVID-19 in patients with liver cirrhosis - a propensity-matched analysis from a muticentric Brazilian cohort")

B. The waiver from the requirements of the rule in the specific case would not prejudice the substantial legal rights of any other person.

Response: To my knowledge, allowing me to complete my continuing education requirements on-line would not affect any other person at all.

C. The provisions of the rule subject to the petition for a waiver are not specifically mandated by statute or another provision of law.

Response: No. Continuing education is mandated by law but the rule for in-person classes is not.

D. Substantially equal protection of public health, safety, and welfare will be afforded a means other than that prescribed in the particular rule for which the waiver is requested.

Response: I will still fulfill the all of the required continuing education. I will simply complete all of it through on-line courses.

6. Provide a list of all the prior contacts between the board and the petitioner related to the waiver.

Response: October 10, 2023, I sent a letter requesting a waiver of in-person classes for the biennium period 2022 - 2024.

November 20, 2023, Letter granting the waiver requested sent from the board.

September 11, 2025, My letter sent requesting a waiver of in-person classes for the biennium period 2024 - 2026.

7. Provide any information known to the requester regarding the board's action in similar cases.

Response: November 20, 2023 the board granted my request for the same waiver.

8. Provide the name, address, and telephone number of any public agency or political subdivision which also regulates the activity in question or which may be affected by the granting of the waiver.

Response: To my knowledge there is no other public agency or political subdivision regulating the in-person hours required in chiropractic continuing education,

9. Provide the name, address, and telephone number of any person or entity that would be adversely affected by granting the waiver.

Response: To my knowledge, no other person or entity would be adversely affected by the board granting this waiver.

10. Provide the name, address, and telephone number of any person with knowledge of the relevant facts related to the proposed waiver.

Response: 1. My health care provider:
Julia Hagemann, FNP-C
2140 - 53rd Avenue
Bettendorf, IA 52722
563-421-5700

2. My spouse and employee:
Dennis Allen
1910 E. Kimberly Rd., Ste. 312
Davenport, IA 52807
563-322-2345

I hereby authorize the release of any information from any person with knowledge relevant to this request for waiver

Dr. Cynthia Aep 9/17/25

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Clinical outcomes of COVID-19 in patients with liver cirrhosis - a propensity-matched analysis from a multicentric Brazilian cohort

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BMC Infectious Diseases **25**, Article number: 68 (2025)

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Abstract

Background

Cirrhosis has been pointed out as a clinical entity that leads to worse clinical prognosis in COVID-19 patients. However, this concept is controversial in the literature. We aimed to evaluate clinical outcomes by comparing patients with cirrhosis to those without cirrhosis in a Brazilian cohort.

Methods

Data from 20,164 COVID-19 inpatients were collected from 41 hospitals in Brazil between March to September 2020 and March 2021 to August 2022. We compared 117 patients with cirrhosis to 632 matched controls. A propensity score model was used to adjust for potential confounding variables, incorporating some predictors: age, sex at birth, number of comorbidities, hospital of admission, whether it was an in-hospital clinical manifestation of COVID-19, and admission year. Closeness was defined as being within 0.16 standard deviations of the logit of the propensity score.

Results

The median age was 61 (IQR 50–70) years old, and 63.4% were men. There were no significant differences in the self-reported symptoms. Patients with cirrhosis had lower median hemoglobin levels (10.8 vs. 13.1 g/dl), lower platelets (127,000 vs. 200,000 cells/mm³), and leukocyte counts, as well as lower median C-reactive protein (63.0 vs. 76.0 $p = 0.044$) when compared to controls. They also had higher mortality compared to matched controls

(51.3% vs. 21.7%, $p < 0.001$). They also had higher frequencies of admission in an intensive care unit (51.3% vs. 38.0%, $p = 0.007$), invasive mechanical ventilation (43.9% vs. 26.6%, $p < 0.001$), dialysis (17.9% vs. 11.1%, $p = 0.038$), septic shock (23.9% vs. 14.9%; $p = 0.015$) and institution of palliative care (19.7% vs. 7.4%; $p < 0.001$).

Conclusions

This study has shown that COVID-19 inpatients with cirrhosis had significantly higher incidence of severe outcomes, as well as higher frequency of institution of palliative care when compared to matched controls. Our findings underscore the need for these patients to receive particular attention from healthcare teams and allocated resources.

 [Peer Review reports](#)

Background

Liver cirrhosis has a variable prognosis and is associated with a rising global burden of morbidity and mortality. Its prevalence has approximately doubled since the 1990s. Epidemiological data related to chronic liver disease are variable and scarce, particularly in low-income countries, suggesting that the actual numbers may be underestimated [1]. Despite these limitations, some data indicate that cirrhosis is the eighth leading

cause of death in Brazil, representing a significant disease burden [2].

During the COVID-19 pandemic, SARS-CoV-2 infection emerged as a major trigger of acute-on-chronic liver failure (ACLF), with studies consistently showing worse prognosis and higher mortality among patients with cirrhosis [3,4,5]. Cirrhosis has been established as an independent risk factor for mortality in COVID-19 patients, with more advanced liver disease correlating with increased mortality risk [6]. Notably, in a large North American cohort, full vaccination has shown to reduce mortality in patients with cirrhosis [7]. COVID-19 complications extend beyond the respiratory tract, affecting the cardiac, gastrointestinal, hepatic, renal, hematologic, and nervous systems [8,9,10]. Among patients with these complications, liver injury, indicated by elevated levels of alanine aminotransferase (ALT) and aspartate aminotransferase (AST), has been reported in a significant number of hospitalized COVID-19 patients, potentially indicating a poorer prognosis [11]. Direct liver damage by SARS-CoV-2 has been identified as one of the main factors contributing to ALCF and systemic inflammation in patients with pre-existing cirrhosis [12]. This study fills a significant gap in the understanding of COVID-19 outcomes in patients with cirrhosis in Latin America, where robust data are lacking. Up to September 2024, Brazil reached almost 39 million confirmed cases, with over 700,000 deaths due to COVID-19 complications

[13]. However, it remains underrepresented in global research.

Therefore, this study aimed to compare the clinical features and outcomes of COVID-19-infected Brazilian inpatients with and without cirrhosis across different phases of the pandemic. This research addresses a gap in understanding this issue within the Brazilian population, which comprises approximately 49% of South America's population. By focusing on this population, our study contributes valuable insights that are essential for improving clinical care and resource allocation in the region, particularly for high-risk groups such as cirrhotic patients.

Materials and methods

Study design and participants

This study is part of a large multicenter retrospective Brazilian cohort (Brazilian COVID-19 Registry), which involved 41 hospitals, including private and public, in 18 cities from six Brazilian states (Bahia, Minas Gerais, Pernambuco, Rio Grande do Sul, Santa Catarina, São Paulo), comprising two periods: March to September 2020 and March 2021 to August 2022 [14].

This study included consecutive adult patients (\geq 18 years old) with laboratory-confirmed COVID-19 admitted to the participating hospitals. Positive cases were considered through the detection of SARS-CoV-2 by real-time polymerase chain reaction (RT-PCR) tests in nasopharyngeal or oropharyngeal swab or serological tests [IgM] in